		I AND HUMAN SERVICES			FORM	: 05/05/2008   APPROVED <u>. 0938-0391</u>
TATEMEN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENȚIFICATION NUMBER:	(X2) MULT	IPLE CONSTRUCTION	(X3) DATE S COMPLI	
		05A419	B. WING _		04/2	3/2008
	PROVIDER OR SUPPLIER	DRNIA - BARSTOW	1	REET ADDRESS, CITY, STATE, ZIP CODE 100 EAST VETERANS PARKWAY BARSTOW, CA 92311		
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F 000	INITIAL COMMENT	rs	F 000			
t v state	Department of Pub Recertification surv Representing Califo		- 1. Jan 18	Preparation and execution of plan of correction in no way constitutes an admission or agreement by the Veterans Ho		
•	Health:  Manny Dumangas, Lloyd Biggs, HFEN Naomi Russell, HFI Joan Jones, Pharm	•		California-Barstow of the trut facts alleged in this statement deficiencies and plan of corre This plan of correction is sub- to comply with State and Fed- law. This plan of correction s	of etion. mitted eral	
F 253 `=E	Census: 55 Resident Sample S 483.15(h)(2) HOUS	ize: 14 EKEEPING/MAINTENANCE	F 253	as our credible allegation of	eci ves	
·	maintenance service	ovide housekeeping and les necessary to maintain a led comfortable interior.		F 253, 483.15(h)(2) Housekeeping/Maintenance: policy of the Veterans Home of California-Barstow to provide	of e	
	by: Based on observati the facility failed to environment when	NT is not met as evidenced on and facility staff interview, maintain a sanitary it failed to provide specific on to toothbrushes, hand held		housekeeping and maintenand services necessary to maintain sanitary, orderly, and comfort environment.	n a	
	Findings:		•	Corrective Action Please note on April 14, 2008.	•	6-4-08
	following was obser urinal in the bathroo rooms 612 and 613 urinal in the bathroo rooms 606 and 607	1/14/08 during initial tour, the ved: an unlabeled hand-held om shared by multiple resident, an unlabeled hand-held om shared by multiple resident toothbrushes zor without specific resident		items in rooms 612, 613, 606, 607, were immediately labeled the appropriate resident's name order to enhance currently confiderations, under the direction director of nurses, all nursing	d with ne. In npliant n of the staff	

ABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATE VE'S SIGNATURÉ

5/19/2008 Administrator

Jaime J. Todd, LNHA

ny ciency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that aguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days fllowing the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 ays following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued rogram participation.

(X6) DATE

PRINTED: 05/05/2008 FORM APPROVED DEPARTMENT OF HEALTH AND HUMAN SERVICES OMB NO. 0938-0391 CENTERS FOR MEDICARE & MEDICAID SERVICES (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA COMPLETED STATEMENT OF DEFICIENCIES IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A BUILDING B. WING 04/23/2008 05A419 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 100 EAST VETERANS PARKWAY VETERANS HOME OF CALIFORNIA - BARSTOW BARSTOW, CA 92311 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL COMPLETION DATE 1D (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX (X4) ID PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) TAG F 253 Continued From page 1 F 253 identification in multiple resident room 606 and [F 323 Starts next page] one electric and one manual toothbrush without resident specific identification in room 608. will received refresher training At the times of discovery facility nursing staff regarding procedures for labeling acknowledged the potential for the unsanitary residents belongings on or before practice of residents sharing these personal June 4, 2008. hygiene items. 483.25(h) ACCIDENTS AND SUPERVISION F 323 F 323 Procedure for identifying other SS=D The facility must ensure that the resident residents potentially affected environment remains as free of accident hazards On April 14, 2008, a designated as is possible; and each resident receives nursing staff was assigned to adequate supervision and assistance devices to complete an audit of all prevent accidents. toothbrushes, razors, and urinals to verify proper labeling and storage procedures. This REQUIREMENT is not met as evidenced Systemic Changes and Quality Assurance Monitoring Based on observation, interview, and record review, the facility falled to ensure that 1 of 14 Under the direction of the director of sampled residents (Resident 8) who was reported nurses, a weekly inspection of five and documented to be consuming alcohol and randomly selected resident rooms had multiple incidents of fall inside and outside will be conducted to verify that the facility receives adequate supervision to residents are storing hygiene items prevent accidents. properly. The results of these inspections will be documented and Findings: submitted to the quality assurance On 4/15/08 at 8 a.m., an observation of Resident

ORM CMS-2567(02-99) Previous Versions Obsolete

8 was conducted. Resident 8 was observed in

observed to be alert, oriented, and

and without use of any assistive device.

the group area of Pod 400, dressed appropriately and talking with the staff. The resident was also

communicating without difficulty. Resident 8 was then observed walking to his room independently

Event ID: 0HP411

Facility ID: CA17001867

corrective action.

committee for further review and

(cont. next page)

If continuation sheet Page 2 of 34

DEPART	MENT OF HEALTH	AND HUMAN SERVICES		-		FORM	05/05/2008 APPROVED 0938-0391
TATEMENT	RS FOR MEDICARE OF DEFICIENCIES FORRECTION	& MEDICAID SERVICES  (X1) PROVIDER/SUPPLIER/GLIA IDENTIFICATION NUMBER:	(X2) M		PLE CONSTRUCTION	(X3) DATE SI COMPLE	JRVEY
	•	05A419	B. Wil	vG_		04/2	3/2008
	ROVIDER OR SUPPLIER			11	REET ADDRESS, CITY, STATE ZIP CODE 00 EAST VETERANS PARKWAY		
VETERA	NS HOME OF CALIFO	ORNIA - BARSTOW		.8	BARSTOW, CA 92311	TION	(X5)
(X4) ID PREFIX TAG	VEACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	COMPLETION DATE
F 323	Continued From pa	ge 2	F	323			
	Resident 8 was contrat Resident 8 is a originally admitted i diagnoses of Gene Failure (CHF), Hyphotherial Disease (Chellmonary Disease Depression, and Arrow On the same date as Medication Reconducted. The rean order by the phyoutside the facility oparty. On the same review of the Medica 3/29/08 was conducted that Resident 8 is twhich include: Vico Aldactone and Lasi Amiodarone for Caheart rhythm), Nitro Crestor for Hypercholesterol), Celexi Trazodone for Depion the same report was made on 3/29/"Librium 25 mg (mi (three times a day) 1 wk [week])."  On the same date a Notes was conductincidents of fall by Inches and the Notes was conductincidents of fall by Inches and Inches	and time, a review of Resident ap Report dated 11/14/07 was view indicated that there was resician that Resident 8 may go on pass with a responsible adate and time, another ration Recap Report dated cted. The review indicated aking multiple medications din for generalized pain, for CHF, Toprol XL for HTN, rediac Arrhythmia (abnormal approximately for chest pain, nolesterolemia (high a, Cymbalta, Seroquel, ression, and Ativan for Anxiety. It, a hand written addendum 108 at 3 p.m., it indicated, lligram) PO (by mouth) 1 TID (ETOH [Alcohol] withdrawai x and time, a review of Nursing red. The review indicated three Resident 8, as follows: approximately 9:30 a.m.,			F 323, 483.25(h) Accidents an Supervision: It is the policy of Veterans Home of California-Barstow to strive to maintain environment as free of accide hazards as possible and provia adequate supervision and assidevices as reasonably possible.  Corrective Action Please note that resident numbers does not drink every day. The resident does have a history of sneaking alcohol into his room on occasion. The doctor's not of March 29, 2008, stating that the resident drank every day was self report from the resident which was a concerted effort medication-seeking (IDT note 3/28/08) which is a common practice of substance abusers order to enhance currently compliant operations, the resident was offered to receive inpatient treatment for substantabuse at the VA Medical center. A care plan was developed on April 17, 2008, to provide states.	f the an ntal ides istive e. ber ne f n e at vas for c ine	4-22- <b>0</b> 8
	Resident 8 tripped	and fell in the parking lot of outside the facility.		:	April 17, 2008, to provide state interventions to address alcoholated (cont. payt page)		

# DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

TATEMEN ND PLAN (	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) ML A. BUIL	ULTIPLE CONSTRUCTION  DING	(X3) DATE S COMPL	
		Ö5A419	B. WING	3 <u>^</u>	04/	23/2008
	ROVIDER OR SUPPLIER	ORNIA - BARSTOW		STREET ADDRESS, CITY, STATE, ZI 100 EAST VETERANS PARKWA BARSTOW, CA 92311	AY '	
(X4) ID PREFIX TAG	(FACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE
F 323	2. On 3/2/08 at 2: against his bed hitt floor. 3. On 3/2/08 at 1 his drink while bendrawer, lost his bat On 4/16/08 at 9:55 Certified Nursing A conducted. CNA1 care of Resident 8 She also stated tha Resident 8 having gait while taking ca On 4/16/08 at 10 a Certified Nursing A conducted. CNA2 most of his time in that she had not obunsteady gait, and care of him during On 4/16/08 at 10:2 Risk Screening Toconducted. The rea form of assessment at high-risk for fall. "Instructions: 3. Ad Indicate care plann or above." Resider assessment, was it of 9 and 8 consecucategory mark. On review of the Falling dated 3/2/08 was condicated that Residerated states.	35 a.m., Resident 8 fell ing his rib and head on the la.m., Resident 8 was holding ding to get something from the ance, and rolled to the floor.  a.m., an interview with the ssistant 1 (CNA1) was stated that she's been taking on and off for less than a year. It she had never observed problems with his speech or re of him during morning shift.  m., an interview with the ssistant 2 (CNA2) was stated that Resident 8 spend his room. CNA2 further stated is served Resident 8 intoxicated, slurred speech while taking morning shift.  5 a.m., a review of the Fall of dated 3/2/08 and 3/7/08 was cord indicated that it is used as ent to identify resident who are The record further indicated, dipoints under total score. ing needed if fall risk total is 10	F 32	problems. An interdise team meeting was held 22, 2008, and the resided educated regarding the of mixing alcohol with medication, particular potential adverse drug Resident gave an oral refrain from any further alcohol. Additionally, staff received in-service on the new care plan be April 17, 2008. Further safeguard the resident event he is observed in he will be placed on a facility will then initiate emergency Code of Comprocess and facilitate at emergency IDT to evaluate the interpretation of the example of the control of the potential for discharge proceedings. (cont. new proceedings.)	d on April dent was e dangers h ly, the greactions. contract to er use of nursing ce training peginning ermore, to in the ntoxicated, 1:1. The te an onduct an luate for es. If the nt is a thers, the histrative iscuss the	

### DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA

PRINTED: 05/05/2008 FORM APPROVED OMB NO. 0938-0391

(X3) DATE SURVEY

STATEMEN	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULT	TPLE CONSTRUCTION	(X3) DATE &	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER.	A BUILDIN	IG	1	
		05A419	B. WING_		04/:	23/2008
NAME OF F	ROMDER OR SUPPLIER		_	REET ADDRESS, CITY, STATE, ZIP CO	DE	
VETERA	NS HOME OF CALIFO	RNIA - BARSTOW	1 '	BARSTOW, CA 92311	٠.	
(X4) 1D PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COP (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
F 323	On 4/16/08 at 11:20 Unit Physician was Physician stated, "I disorder which incluand Depression." It that on 3/28/08, four found in the room or ingesting alcohol alipain, and cardiac me Physician further strong for Resident 8's ETO On 4/16/08 at 11:45 Physician's Orders The record indicate order was made to alcohol level. The reviewed dating backnowever, there were indicating that the famonitoring Residen he was reported drisame date and time Orders written on 3/2 record indicated, "Leon the temporatory Report of the record showed by the physician on blood alcohol level."	a.m., an interview with the conducted. The Unit Resident 8 has a psychiatric ides two extremes, Anxiety The Unit Physician also stated it bottles of hard liquor were for Resident 8 and believe to be ong with his psychotropic, redications. The Unit ated that Librium was ordered OH (alcohol) withdrawal.  Is a.m., a review of the dated 3/8/08 was conducted. In the check Resident 8's blood entire Physician's Orders were conducted to the check Resident 8's blood entire Physician's Orders were conducted to the records found entire Physician's Orders were conducted. The check Resident 8's blood alcohol level since inking on 3/31/07. On the conducted. The check is a review of the Physician's 1/29/08 was conducted. The cibrium 25 mg (milligram) PO my) TID (three times a day) for 1 wk. (week)."  In a review of the Patient 's lated 3/10/08 was conducted. The altered 3/10/08 was conducted. The salted 3/10/08 was conducted. The record indicated: Test esult = 1, Reference Range =	F 323	Procedure for identifying of residents potentially affect On April 22, 2008, the soot work staff conducted an at all residents' social service evaluation forms to determ those residents with the perfor substance abuse.  Systemic Changes and Quanti Assurance Monitoring Effective April 17, 2008, a quality assurance process simplemented consisting of placing the resident on 4 his checks, for the first 30 day checks every shift thereafted the next 60 days. During the checks staff will monitor from signs and symptoms of alcoholocompation as outlined in care plan. If resident is obstoned have consumed alcoholocompation of Nurses (DON) be notified immediately and 1:1 staff will be assigned the safeguard resident. The resident's room will then be immediately inspected for contraband, which will be confiscated if found. An	edial adit of enine otential  ality  ality  was four s, and er for he or ohol h the served the will hd a o	
	On 4/16/08 at 1:30   Notes was conducted	o.m., a review of Nursing ed. The review indicated that		(cont. next page)		

	OF DEFICIENCIES OF CORRECTION	IDENTIFICATION NUMBER:	A. BUI		G		PLETED
		05A419	B. Wil	1G_	<del>.</del> .	04	/23/2008
	PROVIDER OR SUPPLIER	ORNIA - BARSTOW		1	REET ADDRESS, CITY, STATE, ZIP COD 00 EAST VETERANS PARKWAY BARSTOW, CA 92311	E	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES  Y MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORI (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
F 323	Continued From pa	ge 5	F3	323	,		
	on 3/31/07 at 9:06 a staff regarding Res alcohol in the facility specified, "Resider station at 0630 am her husband had be Resident room was Whiskey was found half full and a full be taken from room unfor alcohol intoxicate 0830 today with ord Function Test) and and to have Social Monday. Resident be kept in room and DON (Director of Note 14/16/08 at 1:45 proport indicated, "Proport indicated," Proport indicated, "Proport indicated," Proport indicated, "Proport indicated," Proposition of the justify his use of Eproblem" On another review of the dated 2/13/08 was condicated, "He wendown. Refused to gwas made by the Psecond of the same date at Nursing Notes was condicated that on 3/2 entry was made by a state of the same date at Nursing Notes was condicated that on 3/2 entry was made by a state of the same date at Nursing Notes was condicated that on 3/2 entry was made by a state of the same date at Nursing Notes was condicated that on 3/2 entry was made by a state of the same date at Nursing Notes was condicated that on 3/2 entry was made by a state of the same date at Nursing Notes was condicated that on 3/2 entry was made by a state of the same date at Nursing Notes was condicated that on 3/2 entry was made by a state of the same date at Nursing Notes was condicated that on 3/2 entry was made by a state of the same date at Nursing Notes was condicated that on 3/2 entry was made by a state of the same date at Nursing Notes was condicated that on 3/2 entry was made by a state of the same date at Nursing Notes was condicated that on 3/2 entry was made by a state of the same date at Nursing Notes was condicated that on 3/2 entry was made by a state of the same date at Nursing Notes was condicated the same date at Nursing Notes was condi	a.m., an entry was made by a ident 8's consumption of y. The documentation of y. The documentation of y. The documentation of swife came to nursing and reported to this writer that seen drinking all night.  searched and a bottle of under bedside table approx. Souther of Cream Liqueur was sopened. Resident assessed ion. [Unit Doctor] notified at ers to obtain a LFT (Liver Magnesium level on Monday Services see resident on informed that alcohol may not a consumed when he wants to ursing) informed of above."  D.m., a review of the Report of ented by the contracted of the contracted of the contracted of the terminal of the same date and time, are Report of Consultation onducted. The report of twalking, tripped and fell to to the hospital. The report ychiatrist outside the facility and of fall Resident 8 had out.  Indicate the treview of conducted. The review of conducted. The review 8/08 at 1:54 p.m., another a staff regarding Resident 8's			emergency interdisciplinary team meeting will be conve as soon as possible to discut the resident's continued substance abuse and a determination will be made potential discharge proceed	ened ess on	
		hol in the facility. The review eping staff reports while					

TATEMENT	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIF	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		05A419	B. WING	· · · · · · · · · · · · · · · · · · ·	04/2	3/2008	
	ROVIDER OR SUPPLIER	DRNIA - BARSTOW	10	EET ADDRESS, CITY, STATE, ZIP CO 10 EAST VETERANS PARKWAY ARSTOW, CA 92311	DDE		
(X4) ID PREFIX TAG	(FACH DEFICIENC)	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETION DATE	
F 323	cleaning up res. co Sparks with alcoholargumentative and further checked oth found an empty both 40% alcohol); empty smooth; and almost (1.75 Liters of 40% aware. [Charge Nit Registered Nurse [services notified, [Interpretation of the conducted	uple room, noted a can of I content of 6%. Res. mostly medication seeking. When her areas of the room, staff title of Seagrams (1.75 Liters or by bottle of Christian Bros. very the full opened bottle of Vodka alcohol). MD [Unit MD] urse] notified; Supervising SRN] notified. [SS], Social DON] made aware."  p.m., a review of the see Notes written on 3/29/08 he record indicated, "Pt. was dy, Whiskey regularly exious and had frequent falls. Inptoms like anxiety, shakiness ent/Plan): ETOH abuse, ETOH D/C (Discontinue Ativan, in 25 mg TID."  a.m., an interview with the all Nurse (LVN) was conducted. Let she 's familiar with Resident ed, "I found four bottles of a bottles is almost full (Vodka). Side the closet approximately She also stated that Resident ent on the day they found the end it was out of Resident 8's the LVN, reason why she Resident 8 is taking more than the LVN further stated that she Resident 8 intoxicated or under morning and night shift that	F 323				
	she was on, however a family member the	er she was told in the past by lat the resident has an alcohol ning into the facility.	·				

in the past for consuming alcohol in the facility. A Code of Conduct Violation Report was also written on 3/28/08 for the consumption of alcohol. An Interdisciplinary Team (IDT) meeting was conducted on 4/15/08 and according to the PSW, Resident 8 denied consuming alcohol or having an alcohol problem, which was reflected in the in the IDT notes. The PSW further stated, "Yes, there's an issue with the resident drinking alcohol in the facility."

On 4/17/08 at 10 a.m., a review of the IDT Summary dated 6/18/07 was conducted. The

On 4/17/08 at 10 a.m., a review of the IDT Summary dated 6/18/07 was conducted. The review indicated that Resident 8 was admitted to Barstow Community Hospital on 5/9/07 due to his wife falling off the bus into him and knocking him to the ground. The review further indicated, "Last seen by psychiatry 5/24/07, Seroquel added on 5/29 per psychiatry recommendation. Mood and anxiety have settled with the addition of this medication, he reports he is not drinking alcohol

On the same date and time, a review of the IDT Summary dated 2/13/08 was conducted. The review indicated, "At approx. 0930 hr [Psychiatrist] office called and stated that res. fell in the parking lot of their office and that res. had some bruises and scrapes. The psychiatrist further stated that res. was refusing to go to the hospital and wanted to stay for his scheduled appointment."

On the same date and time, a review of the IDT Summary dated 3/2/08 at 11 a.m. was conducted.

Facility ID: CA17001867

If continuation sheet Page 8 of 34

## DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/05/2008 FORM APPROVED OMB NO. 0938-0391

STATEMEN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1' '.	IPLE CONSTRUCTION	(X3) DATE SI COMPLE	
TARY L PORT			A. BUILDIN		-	
		05A419	B. 14110_		04/2	3/2008
	ROVIDER OR SUPPLIER  NS HOME OF CALIFO	ORNIA - BARSTOW	.   1	REET ADDRESS, CITY, STATE, ZIP CODE 100 EAST VETERANS PARKWAY BARSTOW, CA 92311		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F 323	The review indicate stating, "[Resident on the floor, asking was asked what ha was holding my Ga I was bending to ge in the closet, and or floor."	d, "Wife yelled for help, 8] is on the floor." Saw res. help for assist to get up. Res. s transpired. Res. stated, "I torade drink; at the same time t something from the drawer at balanced; and rolled to the	F 323		•	
	review indicated, "I station. States that [right] rib cage. Stathree hours ago and Red area noted on Cleaned with soap was getting a cup o balance."	I 3/2/08 was conducted. The Res. came to the nurses' he is in severe pain on his Rt. ted he fell against his bed I hit his head on the floor. top of the back of his head. and H20 [water]. Stated he f water when he lost his		F 329, 483.25(i) It is the policy Veterans Home of California-Barstow to provide drug registhat are free from unnecessary drugs.  Corrective Action	enens y	6-4-08
SS=D	Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used in excessive dose (including duplicate therapy); or for excessive duration; or without adequate monitoring; or without adequate indications for its use; or in the presence of adverse consequences which indicate the dose should be reduced or discontinued; or any combinations of the reasons above.		F 329	On April 18, 2008, resident number 11's Ambien order was changed to prn. Also, on April 16, 2008, resident number 10's Benadryl was discontinued. In order to enhance currently compliant operations, under the direction of the director of nurses, all licensed nurses will receive refresher training on policies.		6 7 V
	resident, the facility who have not used given these drugs u therapy is necessar as diagnosed and drecord; and resident	hensive assessment of a must ensure that residents antipsychotic drugs are not nless antipsychotic drug y to treat a specific condition ocumented in the clinical is who use antipsychotic al dose reductions, and		and procedures for medication administration on or before Ju 2008. (cont. next page)		

DEPAR	MENT OF HEALT	HAND HUMAN SERVICES					APPROVED 0938-0391
		& MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA	(X2) N	/ULT	TPLE CONSTRUCTION	(X3) DATE SL	IRVEY
ND PLAN C	OF DEFICIENCIES OF CORRECTION	IDENTIFICATION NUMBER:	A BU			COMPLE	י.
	•	05A419	B. WI	NG_		04/23	3/2008
MAME OF P	ROVIDER OR SUPPLIER				REET ADDRESS, CITY, STATE, ZIP CODE		•
		ODNIA - BARSTOW			100 EAST VETERANS PARKWAY		
VETERA	NS HOME OF CALIF	OKNIA - DAKO! OII	· .		BARSTOW, CA 92311	FION	CVE
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			E	329	Procedure for identifying other	<u>er</u>	
F 329	Continued From pa			U <b>Z</b>	residents potentially affected		·
	behavioral interver	ntions, unless clinically an effort to discontinue these			On April 29, 2008, facility		
	drugs.				conducted a recapitulation of	all	
	a. 250.				medication orders to rule out	_	
ikaliga ayan a ki sir katapar basas					medication errors relating to		
Marie date	e di de Marie e Pala San	န္ Market ကို အတိုင္း စိမ္းမ်ိဳး မွာ လုပ္သည့္သည္ ကို လုပ္သည့္သည့္ ကို လုပ္သည့္သည့္ သည့္သည့္ သည္။ လုပ္သည့္သည့္ သည	:		nature of this deficiency. The		
		,			of the findings were given to		
	This REQUIREME	NT is not met as evidenced			DON for analysis and correct	ive	
•	bv:	i			action.		
	Based on clinical r	ecord review and facility staff					
	interview, 2 of 14 s	sampled residents . (Residents			Systemic Changes and Qualit	Y	
	11 and 12) receive	d medication for an excessive cessive dosage, and/or without			Assurance Monitoring		
	adequate monitori	ng. Resident 11 received a			Effective immediately a quali	•	,
•	hypnotic drug (Am	bien) for an excessive duration			assurance process was impler		
	and without adequ	ate monitoring.Resident 10			wherein the pharmacy consul		
	received Diphenhy	dramine (Benadryl) in			will be required to review all		
	excessive dose an	id duration.			previous recommendations to	-	
	Findings:				whether or not facility physic		
	<u> </u>				agree or disagree with the ori		
	1. Clinical record re	eview performed on 4/16/08 at			recommendations. This inform	mation	
	11 a.m., revealed	that Resident 11 had multiple			will be documented as a		
	l diagnoses that inc	luded Depression and the following physicians order	: 		supplemental report and prese		
	that was still in effe	ect, " 8/7/07 Ambien CR 6.25			the director of nurses for furth		
	ma PO QHS " . Qł	IS meant that it regularly			follow up with physicians in		
	scheduled to be gi	ven every night at bedtime.			facilitate completion of drug	regimen	
	This medication re	mained a regularly scheduled			review recommendations.		·
	arug even mough	the pharmacist had t it be changed to a prn. (as					
	needed) оп 7/28/0	7. A gradual dose reduction					
	had not been atter order.	mpted since the inception of this					
	that this medication	Drug Reference documented n was only for short term use forming. Listed side effects for					

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STATEMEN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDIN	IPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		05A419	B. WING_		04/2	23/2008	
	PROVIDER OR SUPPLIER	ORNIA - BARSTOW	1	REET ADDRESS, CITY, STATE, ZIP ( 100 EAST VETERANS PARKWAY BARSTOW, CA 92311			
(X4) ID PREFIX TAG	(FACH DEFICIENC)	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIV CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE BE APPROPRIATE	(X5) COMPLETION DATE	
F 329	anxiety, confusion, coordination, daytir diarrhea and heart hours of sleep and documented on the administration reco April 2008 had two (side effects). One Noc (night). The No each night indicatin columns had 1 's 2 Nursing staff admir afternoon of 4/17/0 actually documente the day and not any On 4/17/08 at 11:20 administrative nurs that neither a gradualtempted nor had	eadache, lethargy, dizziness, irritability, amnesia, poor ne sedation, nausea, vomiting, palpitations. Monitoring for side effects were to be MAR (medication of). The MAR for March and columns designated as SE designated as Day and one as DC columns had zeros for og no side effects and the Day of s and zeros.  All stated that the day columned only hours of sleep during of other potential side effects.  AM during interview with ing staff, she acknowledged and dose reduction had been adequate monitoring for side med for the administration of	F 329				
	10:40 a.m., indicate old resident with dis Prostate Hypertropicalls and cognitive idated 1/29/08 for Bmg (milligrams) PO hours) PRN (as need had the potential to mgs daily. The dos smallest possible deffect. This medical	eview conducted on 4/14/08 at ed that Resident 10, a 91 year agnoses that included Benign by (BPH), Glaucoma, history of impairment, had an order enadryl (diphenhydramine) 25 to (by mouth) q8h (every 8 eded) for itching. Resident 10 receive Diphenhydramine 75 se should be used in the osage. The order was still in tion order carried over to the March 2008 Medication					

STATEMEN	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MUL	TIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
AND PLAN	OF CORRECTION .	IDENTIFICATION NUMBER:	A BUILDI	NG	COMPLETED
		05A419	B. WING		04/23/2008
	PROVIDER OR SUPPLIER  NS HOME OF CALIFO	PRNIA - BARSTOW		REET ADDRESS, CITY, STATE, ZIP CODE 100 EAST VETERANS PARKWAY BARSTOW, CA 92311	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE COMPLETION
F 329	Lexicomp Drug Info Edition, 2006-2007, Benadryl (diphenhyd H-1 blocker is used allergic symptoms. I diphenhydramine ha anticholinergic prop	ge 11 cR) as a standing order. rmation Handbook, 14th page 476 documents that dramine), an antihistamine for symptomatic relief of lt also documents that as high sedative and erties, and it may not be histamine of choice in the	F 329		
	for the shortest post days) especially in in anticholingergic side retention (difficulty up				
F 425 SS=D	with administrative r	diphendramine order should esident 10.	F 425		
	drugs and biological them under an agree §483.75(h) of this pa	art. The facility may permit el to administer drugs if State under the general		F 425 483.60(a),(b) Pharmacy Services: It is the policy of the Veterans Home of California- Barstow to provide routine an emergency drugs and biologic	d
	(including procedure acquiring, receiving,	le pharmaceutical services s that assure the accurate dispensing, and lrugs and biologicals) to meet		the residents. (cont. next page,	

## DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) Mil A. Buil	ULTIPLE CONSTRUCTION LDING	(X3) DATE COMPI	
÷		05A419	B. WIN	G	04/	23/2008
	PROVIDER OR SUPPLIER INS HOME OF CALIF	ORNIA - BARSTOW		STREET ADDRESS, CITY, STATE, ZIF 100 EAST VETERANS PARKWA BARSTOW, CA 92311	CODE	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENCE	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE
	a licensed pharma on all aspects of th services in the facility. This REQUIREMED by: Based on observation review, and policy a facility failed to ensure to administ residents, (2) media randomly in the emopened, the oral encontrolled substance Codeine, Vicodin) who policy and procedure Findings:  1. During inspection 4/14/08 at approxime Temergency Kit Log indicated that media emergency kit were residents on a routing p.m., 3/23/08 at 8 at 3/24/08 at 8:45 a.m. tablets were administrative for the following resident A). On /5 a.m., Ativan 0.5 mg Resident B. When and time, administrations.	resident.  Imploy or obtain the services of cist who provides consultation e provision of pharmacy lity.  In the service of consultation of consultati	F 4:	Corrective Action Please note that this was incident. Licensed nurs received training on por procedures for proper use mergency medication in order to enhance curs compliant operations, used direction of the director licensed nursing staff was refresher training regard proper procedures for the medication kit on or be 2008.  Procedure for identifying residents potentially affected the Veterans Habitant California-Barstow will corrective action in relative residents. Therefore, not for identifying potential residents is necessary.  Systemic Changes and Assurance Monitoring Effective immediately I nurses are required to voinspect the emergency reach shift. The results of inspection will be docursed.	sing staff have licies and use of the kit. However, rently under the rof nurses, all will receive ding the he emergency fore June 4, ag other fected potentially some of take ation to all to procedure lly affected Quality licensed isually medication kit of the	6-4-08

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1, ,	ULTIPLE CONSTRUCTION LDING		(X3) DATE SURVEY COMPLETED	
<u> </u>		05A419	B. WIN	G	04	/23/2008
	PROVIDER OR SUPPLIER  RANS HOME OF CALIFO	PRŅIA - BARSTOW		STREET ADDRESS, CITY, STATE, ZIP 100 EAST VETERANS PARKWAY BARSTOW, CA 92311	CODE	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI) TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIVE CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE
F 42		asis.	F 4	shift. If the kit is discove		
	oral Emergency Kit indicated that medic emergency kit were unorganized which creadily retrieve a dru When asked to retriemorphine soluble 10	stored randomly and lid not allow nursing staff to og for use in an emergency eve the vial containing mg tablet as listed on the 'list se search the kit for 5		been opened, a fax will pharmacy requesting a rikit, within 24 hours.		
F 428 SS=D	4/14/08 at approxima oral Emergency Kit was opened, the oral emergency Kit was opened, the oral emergency Codeine, Vicodin) was policy and procedure EMERGENCY DRUC November 17, 2004. designated yellow loce Emergency Box.(Kit) emergency kit to the When asked the nurs not resealed after open with the facility's policide 483.60(c) DRUG RECOME The drug regimen of the reviewed at least once pharmacist.	ergency kit containing s (Morphine, Tylenol with as not resealed according to titled, "Patient Care Manual, S SUPPLY, effective Section 7 reads, "A sk is to be used to reseal the The nurse returned the cabinet without resealing it are reported that the kits are ening. This practice conflicts by and procedure.  SIMEN REVIEW  each resident must be a month by a licensed	F 428	F 428, 483.60 (c) Drug R Review: It is the policy of Veterans Home of Califo Barstow to conduct a dru review monthly for each a licensed pharmacist. (cont. nex	f the rnia- ig regimen resident by	

PRINTED: 05/05/2008 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED **CENTERS FOR MEDICARE & MEDICAID SERVICES** OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING 05A419 04/23/2008 OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 100 EAST VETERANS PARKWAY **VETERANS HOME OF CALIFORNIA - BARSTOW** BARSTOW, CA 92311 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY Corrective Action F 428 F 428 Continued From page 14 Please note that resident number 11's medication order for Ambein was L-4-08 changed to prn on April 18, 2008. In order to enhance currently compliant This REQUIREMENT is not met as evidenced operations, under the direction of the director of nurses, all licensed Based on facility staff interview and clinical record nursing staff will receive refresher review, the pharmacist 's drug regimen review training regarding proper procedures report of irregularities was not acted upon for one of 14 sampled residents (Resident 11). for medication administration on or before June 4, 2008. Findinas: Procedure for identifying other Clinical record review performed on 4/16/08 at 11 residents potentially affected a.m., revealed that Resident 11 had multiple On April 29, 2008, the facility diagnoses including Depression and Insomnia. He had the following physicians order that was conducted a recapitulation of all still in effect, " 8/7/07 Ambien CR 6.25 mg PO medication orders to rule out other QHS ". QHS meant that it regularly scheduled to medication errors related to the be given every night at bedtime. nature of this deficiency. The results of the findings were given to the The drug regimen review dated 7/28/07. documented that the pharmacist had DON for analysis and corrective recommended that Resident 11's Ambien order action. be changed to prn. (as needed) rather than be automatically given every night. This medication Systemic Changes and Quality remained a regularly scheduled drug and there Assurance Monitoring was no documented evidence that Resident 11's physician had reviewed this recommendation and Effective immediately a quality decided that it was not a viable one.

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F 493

SS=G

rational for not doing so.

On 4/14/08 at 11:20 AM during interview with

that the physician had not followed the pharmacist 's recommendation and gave no

483.75(d)(1)-(2) GOVERNING BODY

The facility must have a governing body, or

administrative nursing staff, she acknowledged

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F 493

assurance process was implemented wherein the pharmacy consultant

[F 493 Starts middle of page 16]

(cont. next page)

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A BU		IG		COMPLETED		
	•	05A419	B. Wi	NG	·	04	/23/2008	
	PROVIDER OR SUPPLIER	ORNIA - BARSTOW	•	1	REET ADDRESS, CITY, STATE, ZIP COD 100 EAST VETERANS PARKWAY BARSTOW, CA 92311			
(X4) ID PREFIX TAG			(EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFI			PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
	designated person body, that is legally and implementing management and o governing body applicensed by the State and responsible for facility  This REQUIREMENT by: Based on observation review, the facility and Procedure for a was implemented to (Resident 8), who was implemented to be consuming allegain, cardiac, and pain, cardiac, and procedure of the group area of Person and talking with the observed to be alert communicating with their observed walk and without use of a consuming allegator of the group area of Person and talking with the observed to be alert communicating with their observed walk and without use of a consumination of the group area of Person and without use of a consumity admitted in diagnoses of General Business (CAF), Hype Arterial Disease (CAF)	s functioning as a governing responsible for establishing policies regarding the operation of the facility; and the opints the administrator who is the where licensing is required; the management of the on, interview, and record ailed to ensure that the Policy Alcohol Consumption Control of the 1 sampled resident was reported and documented cohol in the facility while taking sychotropic medications.  I., an observation of Resident Resident 8 was observed in od 400, dressed appropriately staff. The resident was also oriented, and out difficulty. Resident 8 was ng to his room independently	F4		will be required to review a previous recommendations whether or not facility physiagree or disagree with the or recommendations. This info will be documented as a supplemental report and prethe director of nurses for fur follow through with physici order to facilitate completion regimen review recommends.  F 493, 483.75(d)(1)(2) Gove Body: It is the policy of the Home of California-Barstov maintain a Governing Body legally responsible for estable and implementing policies of the operation of the facility.  Corrective Action Please note that Veterans Howard of California-Barstow make every effort reasonably possito have the residents follow Alcohol Consumption Policy Resident number 8 is aware the facilities policy regarding Alcohol Consumption Control However, resident number 8 (cont. next page)	to verify icians original ormation esented to rther ians in on of drug lations.  erning Veterans w to that is blishing regarding ome estible the ty. of grol. Sis	4-22-08	

		I AND HUMAN SERVICES & MEDICAID SERVICES		•	FORM	): 05/05/200 1 APPROVE ): 0938-039
	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD	TIPLE CONSTRUCTION ING	(X3) DATE S	URVEY
·		05A419	B. WING		DAIS	!3/2008
OF	PROVIDER OR SUPPLIER		s	FREET ADDRESS, CITY, STATE, ZIP CODE	1 0412	3/2000
VETERA	ANS HOME OF CALIFO			100 EAST VETERANS PARKWAY BARSTOW, CA 92311	•	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL C IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPP DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
·	Depression, and An On the same date at 8's Medication Reca conducted. The revian order by the physoutside the facility or party. On the same review of the Medica 3/29/08 was conduct that Resident 8 is tal which include: Vicodi Aldactone and Lasix Amiodarone for Cardheart rhythm), Nitrog Crestor for Hypercho cholesterol), Celexa, Trazodone for Depreon the same report, was made on 3/29/08 "Librium 25 mg (millig (three times a day) (Education of the same report)."	nd time, a review of Resident p Report dated 11/14/07 was iew indicated that there was ician that Resident 8 may go a pass with a responsible date and time, another tion Recap Report dated ed. The review indicated cing multiple medications in for generalized pain, for CHF, Toprol XL for HTN, liac Arrhythmia (abnormal lycerin for chest pain, lesterolemia (high	F 493	permitted to leave the facility freely and occasionally returns with contraband such as alcoh and will hide these items in hi room in an effort to deceive staff. Please note that this was an isolated incident with resident number 8 and it is a reoccurrence for residents to return to the ICF after consuming alcohol. In order to enhance currently compliant operations a care plan was developed for resident number on April 17, 2008, to provide staff interventions to address alcohol related problems. An interdisciplinary team meeting was held on April 22, 2008, ar the resident was reeducated regarding the dangers of mixin alcohol with medication, particularly, the potential	ol s are	
1	CMO stated that she's and his wife, and had The CMO also stated treatment from a psyc and was prescribed w	s familiar with Resident 8 treated them in the past. that Resident 8 is getting hiatrist outside the facility ith a medication called stated, "The [Resident 8]		adverse drug reactions.  Resident gave an oral contract refrain from any further use of alcohol. Additionally, nursing were in-serviced on the new ca	staff	

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8's last name]."

and his wife are very aware of their psychotropic

and pain medication. When the medications are

decrease or modified, they go back to their outside psychiatrist and get them back to the dosage they were at before, they're the [Resident

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plan beginning April 17, 2008.

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		AND HUMAN SERVICES & MEDICAID SERVICES	··			FORM OMB NO	): 05/05/2008 MAPPROVED ): 0938-0391
STATEMEN AND PLAN (	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) N A. BU		PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED 04/23/2008	
		05A419	B. Wi	NG_			
	PROVIDER OR SUPPLIER	PRNIA - BARSTOW	STREET ADDRESS, CITY, STATE, ZIP CODE 100 EAST VETERANS PARKWAY BARSTOW, CA 92311				
(X4) ID PREFIX .TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG	IX	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
	Certified Nursing As conducted. CNA1 s care of Resident 8 c She also stated, "I [Resident 8] cry or of quiet, but when you answer." She furth observed Resident 8 speech or gait while morning shift.  On 4/16/08 at 10 a.r Certified Nursing As conducted. CNA2 s Resident 8 cry or de stated that Resident his room. CNA2 fur observed Resident 8 and slurred speech of during morning shift.  On 4/16/08 at 11:20 Unit Physician was conducted which include and Depression." The that on 3/28/08, four found in the room of ingesting alcohol alopain, and cardiac me Physician further stated for Resident 8's ETCOn 4/16/08 at 11:45 Physician's Orders d The record indicated	a.m., an interview with the sistant 1 (CNA1) was stated that she's been taking on and off for less than a year. have never seen him lepressed. He's just very ask him questions, he'll er stated that she had never 8 having problems with his taking care of him during m., an interview with the sistant 2 (CNA2) was tated that she had never seen pressed. However, she 8 spend most of his time in ther stated that she had not 8 intoxicated, unsteady gait, while taking care of him  a.m., an interview with the conducted. The Unit lesident 8 has a psychiatric les two extremes, Anxiety he Unit Physician also stated bottles of hard liquor were Resident 8 and believe to be ng with his psychotropic, edications. The Unit led that Librium was ordered bH (alcohol) withdrawal.  a.m., a review of the lated 3/8/08 was conducted.  "Blood ETOH level." The	F	•	Procedure for identifying otheresidents potentially affected. On May 9, 2008, the Chief of Work audited all charts and reand updated the list of those residents who have the potent substance abuse. This list will precipitate those residents who receive care plan intervention counseling.  Systemic Changes and Quality Assurance Monitoring Upon admission all Residents will sign a sobriety contract and agree to abstain from hard alcohol and/or overindulgence. Effective April 17, 2008, a policy and procedure addendum was implemented to include: Offering inpatient treatment for alcohol rehabilitation at Loma Linda VA Medical Center. Contacting family members to participate in an (cont	Social evised tial for l o will s and	
	order was made to c	heck Resident 8's blood htire Physician's Orders were			participate in an (cont.		

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		AND HUMAN SERVICES & MEDICAID SERVICES		·	FORM APPROVE OMB NO. 0938-039	
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A BUILDIN	IPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED  04/23/2008	
		05A419	B. WING_			
VETERA	PROVIDER OR SUPPLIER  NS HOME OF CALIFO  SUBMADOV STA	PRNIA - BARSTOW	1	REET ADDRESS, CITY, STATE, ZIP CODE 00 EAST VETERANS PARKWAY BARSTOW, CA 92311 PROVIDER'S PLAN OF CORRE	CTION	(X5)
(X4) ID PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
F 493	reviewed dating back however, there were indicating that the far monitoring Resident he was reported drift same date and time Orders written on 3/	k to 3/07 up to 3/29/08, e no other records found acility was continuously t 8's blood alcohol level since aking on 3/31/07. On the i, a review of the Physician's 29/08 was conducted. The	F 493	Interdisciplinary Team Meeting (IDT) to obtain family support. Blood alcohol count screens per MD order	·	
	(by mouth) 1 q (eve ETOH withdrawal x	•	•	as clinically indicated. Care planning and social service		
	Laboratory Report of The record showed by the physician on blood alcohol level.	., a review of the Patient's ated 3/10/08 was conducted. results from the order made 3/8/08 to check Resident 8's The record indicated: Test suit = 1, Reference Range = g/di		counseling to provide interventions and education to address alcohol related problems such as mixing alcohol and medications (Adverse		
	Notes was conducted on 3/31/07 at 9:06 a staff regarding Residual alcohol in the facility specified, "Resident station at 0630 am a her husband had be Resident room was Whiskey was found half full and a full bottaken from room und for alcohol intoxication 0830 today with order Function Test) and Mand to have Social S Monday. Resident in be kept in room and	o.m., a review of Nursing d. The review indicated that i.m., an entry was made by a dent 8's consumption of i. The documentation is wife came to nursing and reported to this writer that an drinking all night. It is earched and a bottle of under bedside table approximate of Cream Liqueur was opened. Resident assessed on. [Unit Doctor] notified at the set of the obtain a LFT (Liver Magnesium level on Monday ervices see resident on informed that alcohol may not consumed when he wants to rsing] informed of above."		Drug Reaction).  Additionally, as a quality assurance measure the Chief Social Work will meet with facility social workers to disc and analyze the efficacy of interventions and counseling those residents who are determined to have a propent for substance abuse. The resu of the meetings will be documented and presented at quarterly quality assurance meeting for further review are corrective action. (cont. next	cuss for sity alts the	

page)

		I AND HUMAN SERVICES		X	FORM	): 05/05/2008 1 APPROVED ). 0938-0391		
STATEMEN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU A. BUILD	PLTIPLE CONSTRUCTION DING	(X3) DATE S COMPL			
		05A419	B. WING	3	04/2	23/2008		
	PROVIDER OR SUPPLIER	DRNIA - BARSTOW	STREET ADDRESS, CITY, STATE, ZIP CODE 100 EAST VETERANS PARKWAY BARSTOW, CA 92311					
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIVE CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE IE APPROPRIATE	(X5) COMPLETION DATE		
F 493	On 4/16/08 at 1:45 Consultation docum Psychiatrist on 5/24 report indicated, "P (complaint of) wife i	ge 19 p.m., a review of the Report of hented by the contracted /07 was conducted. The t. [Patient] is anxious, c/o not doing well and attempting ETOH because of marital	F 49	93				
	Nursing Notes was indicated that on 3/2 entry was made by consumption of alco indicated, "Housek cleaning up res. cours Sparks with alcohol argumentative and further checked other found an empty both 40% alcohol); empty smooth; and almost (1.75 Liters of 40% aware. [Charge Nurses and 1.75 Liters of 40% aware.]	and time, another review of conducted. The review 28/08 at 1:54 p.m., another a staff regarding Resident 8's shol in the facility. The review eeping staff reports while uple room, noted a can of content of 6%. Res. mostly medication seeking. When her areas of the room, staff is of Seagrams (1.75 Liters or bottle of Christian Bros. very full opened bottle of Vodka alcohol). MD [Unit MD] resel notified; Supervising RN] notified. [SS], Social ON] made aware."						
		o.m., a review of the s Notes written on 3/29/08		Killer				

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Xanax, start Librium 25 mg TID."

was conducted. The record indicated, "Pt. was taking Vodka, Brandy, Whiskey regularly everyday getting anxious and had frequent falls. C/O withdrawal symptoms like anxiety, shakiness ......A/P (Assessment/Plan): ETOH abuse, ETOH Dependence, Plan: D/C (Discontinue Ativan,

On 4/17/08 at 8:45 a.m., an interview with the Licensed Vocational Nurse (LVN) was conducted. The LVN stated that she's familiar with Resident

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CENTE	RS FOR MEDICARE T OF DEFICIENCIES	AND HUMAN SERVICES  & MEDICAID SERVICES  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) h	<b>JULTIPI</b>	LE CONSTRUCTION	FORM	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. BU	ILDING			
		05A419	s. W	NG	· · · · · · · · · · · · · · · · · · ·	04/2	3/2008
	PROVIDER OR SUPPLIER	PRNIA - BARSTOW		100	ET ADDRESS, CITY, STATE, ZIP COU EAST VETERANS PARKWAY RSTOW, CA 92311	DE .	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG	1	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE ADDITIONAL DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
F 493	8. She further state alcohol and 1 of the They were found in three weeks ago." 8 was very belligered bottles of alcohol are character to yell at the suspected that the linis medications. The had not observed Rethe influence during she was on, however.	bd, "I found four bottles of bottles is almost full (Vodka). Side the closet approximately She also stated that Resident and it was out of Resident 8's the LVN, reason why she Resident 8 is taking more than be LVN further stated that she esident 8 intoxicated or under morning and night shift that ar she was told in the past by at the resident has an alcohol	F	493	· .		
	Psychiatric Social Vinhe PSW stated that in the past for construction of Code of Conduct Vinter on 3/28/08 for An Interdisciplinary conducted on 4/15/0 Resident 8 denied of an alcohol problem, the IDT notes. The there's an issue within the facility."  On 4/17/08 at 10:15 Policy and Procedur 8/3/05 and titled "Al was conducted. The STATEMENT(S): 4. served within the facility."	a.m., an interview with the forker (PSW) was conducted at Resident 8 was counseled uning alcohol in the facility. A plation Report was also or the consumption of alcohol. Team (IDT) meeting was 8 and according to the PSW, consuming alcohol or having which was reflected in the in PSW further stated, "Yes, the resident drinking alcohol a.m., a review of the facility's e with an effective date of cohol Consumption Control" are record indicated, "POLICY Only beer and wine will be indic beer and wine will be a country of the resident of the resident of the resident of the state of the control of the state of the control of the resident					
	indicated, "POLICY	y events." The review further STATEMENT(S): 12. The		Î			

DEPAR	TMENT OF HEALTH	I AND HUMAN SERVICES				FORM	05/05/2008 APPROVED 0938-0391	
TATEMENT	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	ILDING	PLE CONSTRUCTION	(X3) DATE SI COMPLE		
		05A419	B. WI	NG		04/2	04/23/2008	
	ROVIDER OR SUPPLIER	ORNIA - BARSTOW		10	EET ADDRESS, CITY, STATE, ZIP CODE 00 EAST VETERANS PARKWAY ARSTOW, CA 92311			
	·	TEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRE	CTION	(X5) COMPLETION	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREF		(EACH CORRECTIVE ACTION SHI CROSS-REFERENCED TO THE APP DEFICIENCY)	QULD BE	COMPLETION DATE	
F 493	Continued From pa	nge 21	F	493				
		is aware that a resident's						
	medication and/or a	an individual's personal						
	reaction after inces	ting alcohol may place the		1				
;	facility at risk. Emp	oloyees of the Home will not		1				
	serve these individ	uals. 13. On admission						
and the state of	residents history ar	nd physical shall include		İ				
	alcohol related prot	olems and if residents request		ļ	•			
	approval for alcono	I consumption. The Medical onsible for noting in the chart					1	
	those recidents wh	o are able to have alcohol."		l				
	filose tesidetics with	O Sile apie to liare aleanen						
	On 4/17/08 at 10:4	5 a.m., a review of the facility's			•			
	"Resident Code of	Conduct" was conducted.			•			
	The record indicate	ed, "IV. PROHIBITED				-	İ	
	CONDUCT - The fo	ollowing conduct will not be		ļ	•			
	tolerated: 9. Drunke	enness and any disorderly						
	conduct on the gro	unds. A resident shall not						
	possess any of the	following while on Home					•	
	grounds: 2. Alcono	in unauthorized areas."	, -	l	•			
	On 4/47/08 at 3:15	p.m., an Interview with				-		
	Decident 8 was cor	nducted. Resident 8 stated		1			ļ	
	that he hasn't had a	any drink for a while and that			•	-	f	
	he had never been	an alcoholic. However, he					ļ	
	stated that he had !	been treated for alcohol abuse		1				
	twenty years ago a	nd was sober for fifteen years.			•	*	!	
*	When Resident 8 v	vas told that there were 4					į	
	bottles of hard lique	or found in his room on 3/28/08		ļ				
	in which of one was	s almost full, he admitted that		- 1	•			
	ne nead been drink	ring inside his room at night ed, "I drink about two to four					1	
:	DUNCES OF BOUNCES	ery three days and when I'm						
	anxious but neve	r get drunk. The four bottles of					]	
	liquor found in my	closet had been there for the						
	past three months.	Resident 8 was asked how						
·	he was getting the	alcohol inside the facility. He	٠.	1				
	stated, "I have a fro	ee pass (go oùtside the facility						
	on pass with a resp	oonsible party) and I buy it						
-	myself, no one is b	ringing it to me." Resident 8		1:				

		HAND HUMAN SERVICES  8 MEDICAID SERVICES	_		FORM	: 05/05/2008 APPROVED . 0938-0391
TATEMEN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD	LTIPLE CONSTRUCTION DING	(X3) DATE SI COMPLE	
		05A419	B. WING		04/2	3/2008
	PROVIDER OR SUPPLIER	ORNIA - BARSTOW	s	TREET ADDRESS, CITY, STATE, ZIP CODE 100 EAST VETERANS PARKWAY BARSTOW, CA 92311		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
	to his financial and can't do what I used	his reason for drinking was due physical problem, stating, "I d to do anymore."	F 49	F 497, 483.75(e)(8) Regular In		
F 497 SS=E	483.75(e)(8) REGUEDUCATION  The facility must coof every nurse aide months, and must peducation based or reviews. The in-set sufficient to ensure nurse aides, but may per year, address a determined in nurse and may address that determined by the aides providing sen cognitive impairment the cognitively impairment.	proplete a performance review at least once every 12 provide regular in-service in the outcome of these evice training must be the continuing competence of just be no less than 12 hours areas of weakness as a elides' performance reviews he special needs of residents he facility staff, and for nurse vices to individuals with ints, also address the care of aired.	F 49	service Education: It is the porthe Veterans Home of Californ Barstow to complete annual performance reviews of all numbers aff as well as regular in-serveducation.  Corrective Action Please note that the 2 of the 26 certified nursing assistants referenced did complete their required annual in-service education May 15, 2008. Additionall certified nursing assistants were provided with documentation detailing the requirements for	licy of nia- rsing vice  cation ty all	5-15-08
	by: Based on facility state personnel and contractions records, the facility performance for 12 aides) at least even ensure that 2 of 26	NT is not met as evidenced  aff interview and review of tinuing in-service education failed to evaluate the work of 26 CNAs (certified nurse y 12 months. It also failed to CNAs were provided with at noual in-service training.		service education as well as a the facility's current in-service schedule. Furthermore, the 12 Certified Nursing Assistances referenced did have their performance evaluations compas of May 15, 2008.	list of	
	personnel records r work performance e another CNA's last	10 p.m., review of CNA revealed that one CNA's last evaluation had been in 2003, evaluation had been in 2004 that their most recent		Procedure for identifying other residents potentially affected On May 10, 2008, the Nurse Instructor conducted an audit of Certified Nursing Assistants to continuing education. (cont. new continuing education)	on all	

DEPAR	TMENT OF HEALTH	& MEDICAID SERVICES				. 0938-0391
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1	(X2) MULTIPLE CONSTRUCTION A. BUILDING		URVEY ETED	
		05A419	B. WING		- 04/2	3/2008
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(X4) ID PREFIX TAG	(FACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ( (EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE	ACTION SHOULD BE O THE APPROPRIATE	(X5) COMPLETION DATE
F 497	on 4/23/08 at 2:45 staff stated that she their evaluations an turnover in supervise.  2. On 4/23/08 at 2:5 in-service training f	ed in 2006.  PM, administrative nursing the shew they were behind in the she attributed it to	F 49	Systemic Changes an Assurance Monitorin Effective May 19, 20 quality assurance proimplemented by the I wherein she will ranc five nursing staff train	ng 008, a monthly ocess was Nurse Instructor domly select	
F 514 SS=D	12 months.  On 4/23/08 at 3:15 facility 's nurse edu of minimum annual 's repeated failure  3. On 4/23/08, at 9: in-service training rhad not met the mintraining as she had past year.  483.75(I)(1) CLINIC The facility must mare ident in accorda standards and pracaccurately documes systematically organ.  The clinical record information to identification to identification to identification in accordant in accordant in accordant in accordant in accordant in accordant in accordant in accordant in accordant in accordant in accordant in accordant in accordant in accordant in accordant in accordant in accordant in accordant in accordant in accordant in accordant in accordant in accordant in accordant in accordant in accordant in accordant in accordant in accordant in accordant in accordant in accordant in accordant in accordant in accordant in accordant in accordant in accordant in accordant in accordant in accordant in accordant in accordant in accordant in accordant in accordant in accordant in accordant in accordant in accordant in accordant in accordant in accordant in accordant in accordant in accordant in accordant in accordant in accordant in accordant in accordant in accordant in accordant in accordant in accordant in accordant in accordant in accordant in accordant in accordant in accordant in accordant in accordant in accordant in accordant in accordant in accordant in accordant in accordant in accordant in accordant in accordant in accordant in accordant in accordant in accordant in accordant in accordant in accordant in accordant in accordant in accordant in accordant in accordant in accordant in accordant in accordant in accordant in accordant in accordant in accordant in accordant in accordant in accordant in accordant in accordant in accordant in accordant in accordant in accordant in accordant in accordant in accordant in accordant in accordant in accordant in accordant in accordant in accordant in accordant in accordant in accordant in accordant in accordant in accordant in accordant in accordant in a	PM, during interview with the acator, she attributed this lack training to this particular CNA to attend training sessions.  30 p.m., review of CNA ecords revealed that one staff nium of 12 hours of in-service only attended 10 hours in tha CAL RECORDS aintain clinical records on each nice with accepted professional dices that are complete; inted; readily accessible; and nized.  must contain sufficient ify the resident; a record of the ents; the plan of care and the results of any ening conducted by the State;	F 51	performance evaluation of the inspection will and presented to the cassurance committee  F 514, 483.75 (1)(1) (1) (1) (1) (2) (2) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	in-service ith conally, the nician will be employee by basis to verify employee ions. The human will then notify at heads coyees requiring ions. The results be documented quality for review.  Clinical icy of the alifornia- clinical records ccordance with	

DEPART	MENT OF HEALTH	AND HUMAN SERVICES			, FORM	05/05/2008 APPROVED 0938-0391
TATEMENT	S FOR MEDICARE OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU A. BUIL	ULTIPLE CONSTRUCTION	(X3) DATE S COMPLE	
		05A419	B. WIN	G	04/2	3/2008
_	ROVIDER OR SUPPLIER	DRNIA - BARSTOW		STREET ADDRESS, CITY, STATE, 100 EAST VETERANS PARKY BARSTOW, CA 92311	ZIP CODE NAY	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG		ACTION SHOULD BE O THE APPROPRIATE	(X5) COMPLETION DATE
F 514	This REQUIREMED by: Based on interview facility failed to ensity (Celebrex) order with Medication Recapassidents (Resident Findings:	nT is not met as evidenced and clinical record review, the ure that a medication as correctly transcribed on the Report for 1 of 14 sampled	F 5	Corrective Action Please note on April order for Celebrex w per physician's order direction of the direct or before June 4, 200 nurses will be in serv proper procedures for of medical orders. Procedure for identification	as discontinued  . Under the tor of nurses, on 08, all licensed viced regarding r transcription	6-4-08
	conducted on 4/14 review of the clinic review indicated the routine drug (Celet incorrectly to the M (MRR). The order (Celebrex 1 cap (calebration) PRN (alebratician's order (calebratician's order (calebratician))	708 at approximately 9:10 a.m., all record was conducted. The at a physician's order for a prex) had been transcribed dedication Recap Report documented on the MRR read, psule) 200mg (milligram) PO is needed), whereas, the ead, "Celebrex 200 mg by mouth) QD (daily) for joint		residents potentially On April 29, 2008, for conducted a recapiture medication orders to transcription errors. The findings were give for analysis and correspond of the findings were serviced by the findings were serviced by the findings were serviced by the findings were serviced by the findings were serviced by the findings were serviced by the findings were serviced by the findings were serviced by the findings were serviced by the findings were serviced by the findings were serviced by the findings were serviced by the findings were serviced by the findings were serviced by the findings were serviced by the findings were serviced by the findings were serviced by the findings were serviced by the findings were serviced by the findings were serviced by the findings were serviced by the findings were serviced by the findings were serviced by the findings were serviced by the findings were serviced by the findings were serviced by the findings were serviced by the findings were serviced by the findings were serviced by the findings were serviced by the findings were serviced by the findings were serviced by the findings were serviced by the findings were serviced by the findings were serviced by the findings were serviced by the findings were serviced by the findings were serviced by the findings were serviced by the findings were serviced by the findings were serviced by the findings were serviced by the findings were serviced by the findings were serviced by the findings were serviced by the findings were serviced by the findings were serviced by the findings were serviced by the findings were serviced by the findings were serviced by the findings were serviced by the findings were serviced by the findings were serviced by the findings were serviced by the findings were serviced by the findings were serviced by the findings were serviced by the findings were serviced by the findings were serviced by the findings were serviced by the findings were serviced by the findings were serviced by the findings were ser	affected acility lation of all rule out The results of ven to the DON ective action. ad Quality ag	
	the MRR as prescr therefore, Residen	anscribe the medication unto ibed by the physician, t 4 had the potential to receive e daily as ordered by the		process was implement the DON or selected conduct an audit of for selected charts and process comparison of medical comparison of medical comparison.	ented where in designee will ive randomly erform a cross-	
F 518 SS=E	licensed staff repo given as ordered b 483.75(m)(2) DISA	STER AND EMERGENCY	F 5	with Medication Adr Record (MAR). F 518, 483.75(m)(2) Emergency prepared	ministration  Disaster and	
	procedures when to periodically review	ain all employees in emergency hey begin to work in the facility; the procedures with existing		policy of the Veteran California-Barstow i employees in emerge	s Home of to train all	

		I AND HUMAN SERVICES				FORM	05/05/2008 APPROVED 0938-0391
TATEMEN	RS FOR MEDICARE TOF DEFICIENCIES OF CORRECTION	& MEDICAID SERVICES  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M		IPLE CONSTRUCTION	(X3) DATE SI COMPLE	JRVEY
-		05A419	B. WII	NG _		04/2	3/2008
	ROVIDER OR SUPPLIER	DRNIA - BARSTOW		11	REET ADDRESS, CITY, STATE, ZIP CODE 00 EAST VETERANS PARKWAY BARSTOW, CA 92311		
(X4) ID PREFIX TAG	(FACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREF TAG	ix	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPRIED DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
F 518	Continued From pa those procedures.	ge 25	F	518	Corrective Action Please note on April 14, 2008 facility implemented a new for for fire drill reports that is not	rmat	6-4-08
egyver evy	by: Based on review of March 2007-March facility has failed to	IT is not met as evidenced facility Fire Drill Reports for 2008 and staff interview, the take corrective action on ms experienced during fire			user friendly. The new report details required specifications conducting drills and a section summarizing drill activity and participation. Additionally, al will be in-serviced on or before 4, 2008, regarding new fire dr	also for n for l l staff re June	
	Finding: 1) 09/19/07, " A402 No staff in 400 POE	2 propped open with wedge. 0/300. "			and disaster and emergency preparedness.  Procedure for identifying other residents potentially affected		·
	2)09/19/07, Blood p hallway. "	ressure machine plugged in			As all residents may be potent affected the Veterans Home o		
	Finally consented to 4) 03/01/07. " Tele	dent did not go to room. o go to activity room " ohone 333 was busy during			California-Barstow will take corrective action in relation to residents. Therefore, no processor identifying potentially affective.	edure	
	drill so that proper r ".  5) " Resident staff	notification could not be made			residents is necessary. <u>Systemic Changes and Quality</u> <u>Assurance Monitoring</u>	Ž	
	at 10:30 a.m. why n documented issues	e staff was asked on 4/16/08, o corrective action for , was found on Fire Drill that that part of drill had not			Effective May 19, 2008, a qua assurance program was imple- wherein the Standards and Compliance Coordinator will monthly drill reports to verify disaster and emergency prepar	mented inspect	
	Planning Manual on "Fire Plan VH-05-00 documentation of the	Safety and Emergency 14/23/08, at 2 p.m. stated: 180. F. Fire Drills The 19 fire drills shall be 19 tify weaknessess in the	٠		procedures are followed proper that fire drill reports are comp accurately.	rly and	

## DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA

PRINTED: 05/05/2008 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA (X2) MOLTIPLE CONSTRUCTION  (X2) MOLTIPLE CONSTRUCTION  (X2) MOLTIPLE CONSTRUCTION  (X3) PROVIDER/SUPPLIER/CLIA (X4) PROVIDER/SUPPLIER/CLIA (X5) MOLTIPLE CONSTRUCTION  (X6) MOLTIPLE CONSTRUCTION  (X7) PROVIDER/SUPPLIER/CLIA (X7) PROVIDER/SUPPLIER/CLIA (X8) MOLTIPLE CONSTRUCTION  (X9) MOLTIPLE CONSTRUCTION  (X1) PROVIDER/SUPPLIER/CLIA (X1) PROVIDER/SUPPLIER/CLIA (X2) MOLTIPLE CONSTRUCTION  (X1) PROVIDER/SUPPLIER/CLIA (X2) MOLTIPLE CONSTRUCTION  (X1) PROVIDER/SUPPLIER/CLIA (X2) MOLTIPLE CONSTRUCTION  (X2) MOLTIPLE CONSTRUCTION  (X3) PROVIDER/SUPPLIER/CLIA (X4) PROVIDER/SUPPLIER/CLIA (X5) MOLTIPLE CONSTRUCTION  (X6) MOLTIPLE CONSTRUCTION  (X7) PROVIDER/SUPPLIER/CLIA (X7) PROVIDER/SUPPLIER/CLIA (X7) PROVIDER/SUPPLIER/CLIA (X7) PROVIDER/SUPPLIER/CLIA (X7) PROVIDER/SUPPLIER/CLIA (X7) PROVIDER/SUPPLIER/CLIA (X7) PROVIDER/SUPPLIER/CLIA (X7) PROVIDER/SUPPLIER/CLIA (X7) PROVIDER/SUPPLIER/CLIA (X7) PROVIDER/SUPPLIER/CLIA (X7) PROVIDER/SUPPLIER/CLIA (X7) PROVIDER/SUPPLIER/CLIA (X7) PROVIDER/SUPPLIER/CLIA (X7) PROVIDER/SUPPLIER/CLIA (X7) PROVIDER/SUPPLIER/CLIA (X7) PROVIDER/SUPPLIER/CLIA (X7) PROVIDER/SUPPLIER/CLIA (X7) PROVIDER/SUPPLIER/CLIA (X7) PROVIDER/SUPPLIER/CLIA (X7) PROVIDER/SUPPLIER/CLIA (X7) PROVIDER/SUPPLIER/CLIA (X7) PROVIDER/SUPPLIER/CLIA (X7) PROVIDER/SUPPLIER/CLIA (X7) PROVIDER/SUPPLIER/CLIA (X7) PROVIDER/SUPPLIER/CLIA (X7) PROVIDER/SUPPLIER/CLIA (X7) PROVIDER/SUPPLIER/CLIA (X7) PROVIDER/SUPPLIER/CLIA (X7) PROVIDER/SUPPLIER/CLIA (X7) PROVIDER/SUPPLIER/CLIA (X7) PROVIDER/SUPPLIER/CLIA (X7) PROVIDER/SUPPLIER/CLIA (X7) PROVIDER/SUPPLIER/CLIA (X7) PROVIDER/SUPPLIER/CLIA (X7) PROVIDER/SUPPLIER/CLIA (X7) PROVIDER/SUPPLIER/CLIA (X7) PROVIDER/SUPPLIER/SUPPLIER/SUPPLIER/SUPPLIER/SUPPLIER/SUPPLIER/SUPPLIER/SUPPLIER/SUPPLIER/SUPPLIER/SUPPLIER/SUPPLIER/SUPPLIER/SUPPLIER/SUPPLIER/SUPPLIER/SUPPLIER/SUPPLIER/SUPPLIER/SUPPLIER/SUPPLIER/SUPPLIER/SUPPLIER/SUPPLIER/SUPPLIER/SUPPLIER/SUPPLIER/SUPPLIER/SUPPLIER/SUPPLIER/SUPPLIER/SUPPLIER/SUPPLIER/SUPPL	(X3) DATE SURVEY COMPLETED	
05A419 B. WING	04/23/2008	
NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  100 EAST VETERANS PARKWAY  BARSTOW, CA 92311		
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 518 Continued From page 26 overall plan, specific weaknessess in areas, and plans for improvement." F 520 483.75(o)(1) QUALITY ASSESSMENT AND ASSURANCE  A facility must maintain a quality assessment and assurance committee consisting of the director of nursing services; a physician designated by the facility, and at least 3 other members of the facility issues with respect to which quality assessment and assurance committee meets at least quarterly to identify issues with respect to which quality assessment and assurance and develops and implements appropriate plans of action to correct identified quality deficiencies.  A State or the Secretary may not require disclosure of the records of such committee except insofar as such disclosure is related to the compliance of such committee with the requirements of this section.  Good faith attempts by the committee to identify and correct quality deficiencies will not be used as a basis for sanctions.  This REQUIREMENT is not met as evidenced by:  Based on staff interview, and record review, the facility failed to develop and implement appropriate plans of action to correct identified quality deficiencies, when 1 of 14 sampled residents (Resident 8) was reported and documented to be consuming alcohol in the facility at night time while taking pain medications,	s-4-08	

TATEMENT OF DEFICIENCIES NO PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A BUILDING		(X3) DATE SURVEY COMPLETED	
		05A419	B. WING_		04/2	3/2008
NAME OF CALIFORNIA - BARSTOW			STREET ADDRESS, CITY, STATE, ZIP CODE 100 EAST VETERANS PARKWAY BARSTOW, CA 92311			
(X4) ID PREFIX TAG	(FACH DEFICIENC)	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F 520	cardiac medications medications.  Findings:  On 4/15/08 at 9 a.m. Resident 8 was conthat Resident 8 is a originally admitted i diagnoses of Gene Failure (CHF), Hyparterial Disease (C.	s, and psychotropic  a., a clinical record review of aducted. The review indicated in 86 year old male who was in the facility on 2/26/06 with ralized Pain, Congestive Heart ertension (HTN), Coronary AD), Chronic Obstructive (COPD), Dyslipidemia,	F 520	Systemic Changes and Quality Assurance Monitoring Each quarter the Hospital Administrator of the Veteran of California-Barstow will be responsible to review and sur all quality assurance issues the tracked as "Key Area Actions. Results of the summary report be maintained by the administration for further review and correct action.	s Home mmarize nat are s." rts will	
	8's Medication Recconducted. The rean order by the phyoutside the facility oparty. On the same review of the Medica/29/08 was conducted that Resident 8 is to which include: Vico Aldactone and Lasi Amiodarone for Caheart rhythm), Nitro Crestor for Hyperch cholesterol), Celexa Trazodone for Depi On the same report was made on 3/29/"Librium 25 mg (mil (three times a day) 1 wk [week])."	and time, a review of Resident ap Report dated 11/14/07 was view indicated that there was sician that Resident 8 may go on pass with a responsible date and time, another ation Recap Report dated cted. The review indicated aking multiple medications din for generalized pain, of the review indicated aking for CHF, Toprol XL for HTN, rediac Arrhythmia (abnormal glycerin for chest pain, anolesterolemia (high a, Cymbalta, Seroquel, ression, and Ativan for Anxiety, a hand written addendum 08 at 3 p.m., it indicated, ligram) PO (by mouth) 1 TID (ETOH [Alcohol] withdrawal x		-30-		•
	On 4/15/08 at 4:40 Chief Medical Office	p.m., an interview with the er (CMO) was conducted. The			·	

DEFAIL		A MEDICAID SERVICES		_		OMB NO	<u>. 0938-0391</u>
CENTERS FOR MEDICARE & MEDICAID SERVICES  TATEMENT OF DEFICIENCIES ND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A BUILDING			(X3) DATE SURVEY COMPLETED		
		05A419	B. WING			04/23/2008	
	ROVIDER OR SUPPLIER	ORNIA - BARSTOW		10	ET ADDRESS, CITY, STATE, ZIP COL DEAST VETERANS PARKWAY ARSTOW, CA 92311	PE	· · · · · · · · · · · · · · · · · · ·
(X4) ID PREFIX TAG	/EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PROVIDER'S PLAN OF CORRECT PREFIX (EACH CORRECTIVE ACTION SHOUTH CORREC		SHOULD BE	(X5) COMPLETION DATE	
F 520	CMO stated that si and his wife, and his wife, and his wife, and his wife, and his wife, and his wife, and was prescribed Seroquel. She furtilest name] are very and pain medicated decrease or modificultside psychiatris dosage they were 8's last name]."  On 4/16/08 at 9:55 Certified Nursing A conducted. CNA1 care of Resident 8 She also stated, "[Resident 8] cry or quiet but when your conducted of the conducted of the conducted of the conducted of the conducted of the conducted of the conducted of the conducted of the conducted of the conducted of the conducted of the conducted of the conducted of the conducted of the conducted of the conducted of the conducted of the conducted of the conducted of the conducted of the conducted of the conducted of the conducted of the conducted of the conducted of the conducted of the conducted of the conducted of the conducted of the conducted of the conducted of the conducted of the conducted of the conducted of the conducted of the conducted of the conducted of the conducted of the conducted of the conducted of the conducted of the conducted of the conducted of the conducted of the conducted of the conducted of the conducted of the conducted of the conducted of the conducted of the conducted of the conducted of the conducted of the conducted of the conducted of the conducted of the conducted of the conducted of the conducted of the conducted of the conducted of the conducted of the conducted of the conducted of the conducted of the conducted of the conducted of the conducted of the conducted of the conducted of the conducted of the conducted of the conducted of the conducted of the conducted of the conducted of the conducted of the conducted of the conducted of the conducted of the conducted of the conducted of the conducted of the conducted of the conducted of the conducted of the conducted of the conducted of the conducted of the conducted of the conducted of the conducted of the conducted of the conducted of the conducted of the conducted of the conducted of the conducted o	ne's familiar with Resident 8 ad treated them in the past. He that Resident 8 is getting sychiatrist outside the facility of with a medication called ther stated, "The [Resident 8's wavare of their psychotropic on. When the medications are ed, they go back to their than and get them back to the at before, they're the [Resident a.m., an interview with the assistant 1 (CNA1) was stated that she's been taking on and off for less than a year. I have never seen him depressed. He's just very wask him questions, he'll		520			
	observed Resident speech or gait while morning shift.  On 4/16/08 at 10 at Certified Nursing Aconducted. CNA2 Resident 8 cry or a stated that Reside his room. CNA2 foobserved Resident and slurred speech during morning shift.  On 4/16/08 at 11:2 Unit Physician was	0 a.m., an interview with the conducted. The Unit					
	Physician stated.	"Resident 8 has a psychiatric ludes two extremes, Anxiety					

DEPARTMENT OF HEALTH AND HUMAN SERVICES

PRINTED: 05/05/2008 FORM APPROVED

OMB NO. 0938-0391

DEPART	MENT OF HEALTH	AND HUMAN SERVICES				FOR OMB N	D: 05/05/2008 M APPROVED O. 0938-0391
CENTERS FOR MEDICARE & MEDICAID SERVICES  STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING  B. WING			(X3) DATE COMP	(X3) DATE SURVEY COMPLETED 04/23/2008	
05A419							
	ROVIDER OR SUPPLIER	ORNIA - BARSTOW		100	ET ADDRESS, CITY, STATE, ZIP C EAST VETERANS PARKWAY RSTOW, CA 92311	CODE	•
(X4) ID PREFIX TAG	SUMMARY STA	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG	ix	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE
F 520	that on 3/28/08, four found in the room of ingesting alcohol a pain, and cardiac in Physician further st for Resident 8's ET On 4/16/08 at 11:4 Physician's Orders The record indicate order was made to alcohol level. The reviewed dating be however, there we indicating that the monitoring Reside he was reported disarne date and tim Orders written on record indicated, (by mouth) 1 q (event to be physician or blood alcohol leven Name = Alcohol, Four 100, Units = 100 on 3/31/07 at 9:06 staff regarding Realcohol in the facil specified "Reside"	The Unit Physician also stated or bottles of hard liquor were of Resident 8 and believe to be long with his psychotropic, hedications. The Unit lated that Librium was ordered OH (alcohol) withdrawal.  5 a.m., a review of the dated 3/8/08 was conducted. Ed., "Blood ETOH level." The check Resident 8's blood entire Physician's Orders were lock to 3/07 up to 3/29/08, re no other records found facility was continuously at 8's blood alcohol level since inking on 3/31/07. On the e, a review of the Physician's 8/29/08 was conducted. The Librium 25 mg (milligram) PO ery) TID (three times a day) for a 1 wk. (week)."  The record indicated: Test results from the order made in 3/8/08 to check Resident 8's tesult = 1, Reference Range =		520			

#### PRINTED: 05/05/2008 FORM APPROVED DEPARTMENT OF HEALTH AND HUMAN SERVICES OMB NO. 0938-0391 CENTERS FOR MEDICARE & MEDICAID SERVICES (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A BUILDING B. WING 04/23/2008 05A419 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 100 EAST VETERANS PARKWAY VETERANS HOME OF CALIFORNIA - BARSTOW BARSTOW, CA 92311 (X5) PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES COMPLETION (EACH CORRECTIVE ACTION SHOULD BE (X4) ID PREFIX PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY TAG F 520 Continued From page 30 F 520 her husband had been drinking all night. Resident room was searched and a bottle of Whiskey was found under bedside table approx. half full and a full bottle of Cream Liqueur was taken from room unopened. Resident assessed for alcohol intoxication. [Unit Doctor] notified at 0830 today with orders to obtain a LFT (Liver Function Test) and Magnesium level on Monday and to have Social Services see resident on Monday. Resident informed that alcohol may not be kept in room and consumed when he wants to. DON (Director of Nursing) informed of above." On 4/16/08 at 1:45 p.m., a review of the Report of Consultation documented by the contracted Psychiatrist on 5/24/07 was conducted. The report indicated, "Pt. [Patient] is anxious, c/o (complaint of) wife not doing well and attempting to justify his use of ETOH because of marital problem ....." On the same date and time, another review of Nursing Notes was conducted. The review indicated that on 3/28/08 at 1:54 p.m., another entry was made by a staff regarding Resident 8's consumption of alcohol in the facility. The review indicated, "Housekeeping staff reports while cleaning up res. couple room, noted a can of Sparks with alcohol content of 6%. Res. mostly argumentative and medication seeking. When further checked other areas of the room, staff found an empty bottle of Seagrams (1.75 Liters or 40% alcohol); empty bottle of Christian Bros. very smooth; and almost full opened bottle of Vodka

(1.75 Liters of 40% alcohol). MD [Unit MD] aware. [Charge Nurse] notified; Supervising Registered Nurse [SRN] notified. [SS], Social

services notified, [DON] made aware."

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problem before coming into the facility.

On 4/17/08 at 9:25 a.m., an interview with the Psychiatric Social Worker (PSW) was conducted. The PSW stated that Resident 8 was counseled in the past for consuming alcohol in the facility. A Code of Conduct Violation Report was also written on 3/28/08 for the consumption of alcohol. An Interdisciplinary Team (IDT) meeting was conducted on 4/15/08 and according to the PSW, Resident 8 denied consuming alcohol or having an alcohol problem, which was reflected in the in the IDT notes. The PSW further stated. "Yes.

#### PRINTED: 05/05/2008 FORM APPROVED DEPARTMENT OF HEALTH AND HUMAN SERVICES OMB NO. 0938-0391 CENTERS FOR MEDICARE & MEDICAID SERVICES (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A BUILDING 8. WING 04/23/2008 05A419 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 100 EAST VETERANS PARKWAY VETERANS HOME OF CALIFORNIA - BARSTOW BARSTOW, CA 92311 PROVIDER'S PLAN OF CORRECTION (X5) · COMPLETION ID SUMMARY STATEMENT OF DEFICIENCIES (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) F 520 Continued From page 32 · F 520 there's an issue with the resident drinking alcohol in the facility." On 4/17/08 at 10:15 a.m., a review of the facility's Policy and Procedure with an effective date of 8/3/05 and titled "Alcohol Consumption Control" was conducted. The record indicated. "POLICY STATEMENT(S): 4. Only beer and wine will be served within the facility. No hard liquor will be available. Non-alcoholic beer and wine will be offered during facility events." The review further indicated, "POLICY STATEMENT(S): 12. The facility reserves the right to refuse to serve alcohol when staff is aware that a resident 's medication and/or an individual's personal reaction after ingesting alcohol may place the facility at risk. Employees of the Home will not serve these individuals. 13. On admission residents history and physical shall include alcohol related problems and if residents request approval for alcohol consumption. The Medical Staff shall be responsible for noting in the chart those residents who are able to have alcohol." On 4/17/08 at 2:15 p.m., an interview with the Standard Compliance Coordinator (SCC) was conducted. The SCC described the composition of the QA committee which included the DON. physician, SCC, SRN (Supervising Registered Nurse), and other staff. The SCC was asked how current and ongoing issues were identified for committee action. The SCC stated that the

committee checks for quality indicators, going over old business, POC from last year's incident, monitoring, and by used of correction tool. The SCC was also asked how action plans were developed. She stated that the QA (Quality Assurance) committee meets and other

multidisciplinary team. The group assesses the

### DEPARTMENT OF HEALTH AND HUMAN SERVICES OMB NO. 0938-0391 CENTERS FOR MEDICARE & MEDICAID SERVICES (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES . COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING B. WING 05A419 04/23/2008 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 100 EAST VETERANS PARKWAY **VETERANS HOME OF CALIFORNIA - BARSTOW** BARSTOW, CA 92311 PROVIDER'S PLAN OF CORRECTION (X5) SUMMARY STATEMENT OF DEFICIENCIES (EACH CORRECTIVE ACTION SHOULD BE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY F 520 F 520 Continued From page 33 issue and formulates a plan. She also stated that plans are implemented by having a policy and procedure in place. IDT meetings, and in-service trainings while the SRN, DON, and SCC monitors. She further stated that the QA committee will find ways to address the situation by revisiting the plans that are not achieving or sustaining desired outcomes. After staff interview and record review, it was identified that there was non-compliance to the implementation of the policy and procedure on "Alcohol Consumption Control." The facility was aware of Resident 8's consumption of alcohol in the facility since 3/31/07. The DON, who is a member of the QA committee, has knowledge of the issues related to the noncompliance because it was reported to her on two occasions as documented in the Nursing Notes. It was determined that the QA committee failed to consider a quality deficiency, develop a plan, and implement an action plan to address the issue of alcohol consumption in the facility when Resident 8 admitted that he was consuming alcohol for the past three months before the staff discovered bottles of liquor in his closet on 3/28/08.

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